



FALL 2010

REGISTRATION FORM

Start Date _____

Aug 30, 2010 – Jan 29, 2011

Dancer's Name (Last)	(First)	DOB	Age
Address		City	Zip
My School (Private/Public)		Home Phone	Work/Cell
Person Responsible for Tuition (Last)		(First)	
Email Address		Prior Dance Training (School Name)	
REFERRED BY:		MEDICAL CONDITIONS	

Classes Requested

Class Name	Day	Time

Family Tuition Rates

Classes per Week	SEMESTER 20 WEEKS (1 payment)	QTR. 10 WEEKS (2 payments)	INSTALLMENT (5 Payments)	MISC.
ONE	270.00	143.00	60.00 month	Privates .5 hr \$30 1.hr \$50
TWO	450.00	238.00	100.00 month	
THREE	585.00	308.00	130.00 month	Registration Fee \$30
FOUR	675.00	356.00	150.00 month	
FIVE	765.00	404.00	170.00 month	First & Last required on first Installment
SIX	855.00	451.00	190.00 month	
UNLIMITED	1035.00	546.00	230.00 month	

Parent/Dancer's Signature _____ Date _____

By signing above, I knowingly state that I have read, understand and agree to abide by Capitol Dance Company's Policies and Procedures stipulated on the back of this form. If I am under 18 years of age this signature must be by legal guardian or parent.

Return the completed registration form with registration fee and tuition payment to:
CAPITOL DANCE COMPANY 1375 Blossom Hill Rd #4 San Jose CA 95188

OFFICE USE ONLY

Classes/Week _____	Tuition Rate _____	Registration Fee <u>30.00</u>	Sub _____	Credits < _____ >	Total
Due _____					
Paid \$ _____ Date _____ Method _____ Trans # _____ Entered by _____					

NOTES: